DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/04/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
		155327	B. WING			R 09/02/2015	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227		00/02/2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{K 000}	INITIAL COMMENTS		{K 0	00}			
	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/27/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 09/02/15 Facility Number: 000220 Provider Number: 155327 AIM Number: 100267650 At this PSR survey, University Heights Health and Living Community was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Building 0102 was surveyed using Chapter 19, Existing Health Care Occupancies. This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0102 constructed prior to 2003 was determined to be of Type III (200) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms in the 100, 200, 300, 400, 500, 600, 700 and 800 Hall. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms in the 900 Hall. The facility has a capacity of 176 and had a census of 158 at the time of this visit.						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000220

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{K 000}	OO) Continued From page 1		{K 00	00}			
	access were sprinkle facility services were	esidents have customary red. All areas providing sprinklered except for one viding facility storage					
{K 000}	Quality Review comp		{K 0	00}			
	Code Recertification						
	Survey Date: 09/02/	15					
	Facility Number: 000 Provider Number: 19 AIM Number: 10026	55327					
	Living Community wa Requirements for Pa Medicare/Medicaid, Life Safety from Fire National Fire Protect Life Safety Code (LS	42 CFR Subpart 483.70(a), and the 2000 edition of the ion Association (NFPA) 101, C), and 410 IAC 16.2. urveyed using Chapter 18,					
	separate buildings do of two sections of the constructed in 2012 a Type V (111) constru	was surveyed as two ue to the construction dates building. Building 0202 was and was determined to be of ction and fully sprinklered. alarm system with smoke					

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		155227	R WING			R		
155327			B. WING			09/	02/2015	
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE			
UNIVERSI	TY HEIGHTS HEALTH	AND LIVING COMMUNITY	1380 E COUNTY LINE RD S					
				INDIANAPOLIS, IN 46227				
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN REGULATORY OF	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
{K 000}	the corridor. The fa smoke detectors in a the 100, 200, 300, 4 Hall. The facility ha to the fire alarm sys rooms in the 900 Ha of 176 and had a ce visit. All areas where the access were sprinkl facility services were	idors and in all areas open to cility has battery operated all resident sleeping rooms in 100, 500, 600, 700 and 800 is smoke detectors hard wired item in all resident sleeping all. The facility has a capacity ensus of 158 at the time of this in residents have customary ered. All areas providing items is sprinklered except for one oviding facility storage	{K 0	00}				